

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000001920

FILED
Mar 23, 2007
Secretary of State

Entity Name: HANZELL VINEYARDS, LTD. CORPORATION

Current Principal Place of Business:

18596 LOMITA AVE.
SONOMA, CA 95476

New Principal Place of Business:

Current Mailing Address:

18596 LOMITA AVE.
SONOMA, CA 95476

New Mailing Address:

FEI Number: 94-2280007 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRANSATLANTIC WINE & SPIRITS
1600 NW 163 STREET
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRITTON, WILLIAM L
Address: 855 2ND ST SW 4500 BANKERS HALL EAST
City-St-Zip: CALGARY ALBERTA, CA CA

Title: P () Delete
Name: ARNOLD, JEAN L
Address: 4898 GROVE STREET
City-St-Zip: SONOMA, CA 95476 US

Title: D () Delete
Name: ALEXANDER, DE BRYE
Address: 18596 LOMITA AVE
City-St-Zip: SONOMA, CA 95476 US

Title: D () Delete
Name: MOTTO, VIC
Address: 1715 DEAN YORK LANE
City-St-Zip: ST HELENA, CA 94574 US

Title: D () Delete
Name: FREDRICKSON, JON
Address: 231 WARE ROAD
City-St-Zip: WOODSIDE, CA 94062 US

Title: D () Delete
Name: ROBERT, SESSIONS
Address: 4898 GROVE STREET
City-St-Zip: SONOMA, CA 95476 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN L. ARNOLD

PRES

03/23/2007

Electronic Signature of Signing Officer or Director

_____ Date